

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/339 782

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	6					
15	6					
16	0					
17	0					
18	2					
19	6					
20	6					
21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		6				
32						
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49						
50						
TOTAL IND.	4		2			
TOTAL DEP.	37	←	14	←	←	←
TOTAL CLAIMS	41		16		25	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS						